

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36505**
10193
 Registrar's No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4240 Linton Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 Yrs
 years, months or days)

**3. (a) PRINT
 FULL NAME**

Lydia Iborg

3. (b) If veteran,
 name war No

3. (c) Social Security
 No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife Edward Iborg
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 7, 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 11 hr. min.

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

Henry Lammers

12. Name _____
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name _____
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Alvin R. Iborg

(b) Address 424 3916 Pennock St

17. (a) Burial (b) Date thereof Nov. 22, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Foutz Funeral Home

(b) Address 4828 Natural Bridge B lvd.

19. (a) NOV 22 1943 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4240 Linton Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th,
 year 1943 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 11
 1943 to Nov. 18 1943
 that I last saw her alive on Nov. 18 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. dilatation of heart
Broncho pneumonia

Due to _____
 Due to _____

Other conditions Ch. Arthritis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Samuel W. Wray (M. D. or other) M.D.
 Address 2906 N. Union Date signed 11/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2906 N. Union

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John Melina
Licensed Embalmer No. 4186
P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.